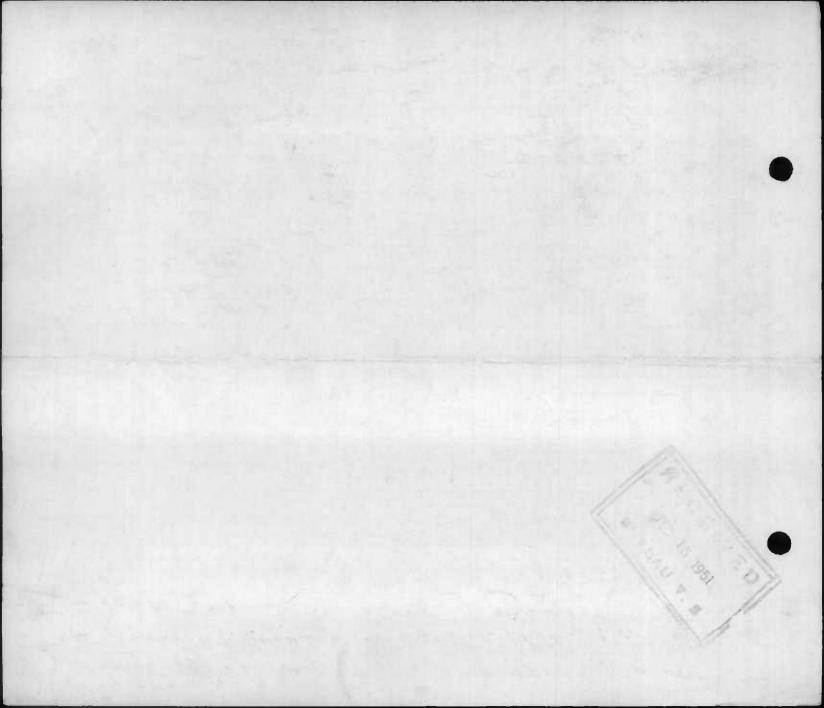
1972

690 449

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

L			
1	1. PLACE OF PENTY COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE TROME) OF DECEASED COUNTY	Nonent
	CITY (If outside forperate limits, write RURMIAD) LENGTH OF STAY OR give nearest town) (In this place)	CITY (It outside corporate limits, write RURAS and give OR TOWN	e nearest town)
	HOSPITAL OR	STREET (If rural, give location)	
1	INSTITUTION OR STREET ADDRESS	ADDRESS 80 8 - 2 3 - 1	
	3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	Ofices 1 A. DATE (Month) OF DEATH OF	(Day) (Year)
	6. COLOROGRACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DATE OF BIRTH 9. AGE last bi-thday If under Months yrs.	Days If under 24 hrs. Hours Mln.
4	done during nost Profits life, even if retired)	11. BIRTHPLACE (State or forest country) 12	COUNTRY OF WHAT
I	13. FATHER'S NAME	1. MOTHER MAIDEN NAME	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	111
	(Yes, no, or unknown) (If yes, give war or date of 218-09-316	of Parente	ma
	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	17 -	ONSET AND DEATH
	Immediate cause (a) Chasna	, vectoris o	for minutes
1	1/2/12	A	
1	Antecedent cause(s) Diseases or conditions, If any, (b)	Coroni	· years
1	14 l giving rise to the above cause stating the underlying couse last		//
1	1 over yell	in	
1	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition ceusing deeth.		
1	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1	24 EXTERNAL CAUGE WAS LOLAGE (XX	(CITY OF TOWN)	Yes No
1	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
	TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF While et Not while INJURY m. at work	HOW DID INJURY OCCUR?	
	22. I certify that I took charge of the remains described above, held an A	Automort Inequation & Inquiry to	from the suidence
	oblgined by said Aulopsy, Inspection or Inquiry, find that said dece	eased died on the day stated above, and death in my	opinion resulted
	SIGNATURE (Pegree or title)	ADDRESS	DATE SIGNED
4	m. // To astorius. Dep Makya	I domoke ty lld	2/8/5%
	23. BURIAL CREMATION DATE THEREOF SAME OF CEMETE BONOVAL (Specify) 14 51 First Defter	TO CREMATORY LOCATION (City, town, or country of Chinese Country)	(State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNEDAL DIRECTOR	ADDRESS
	Jan. 15. 1 Tollie S. Street	A TO CONTRACT	md



CERTIFICATE OF DEATH

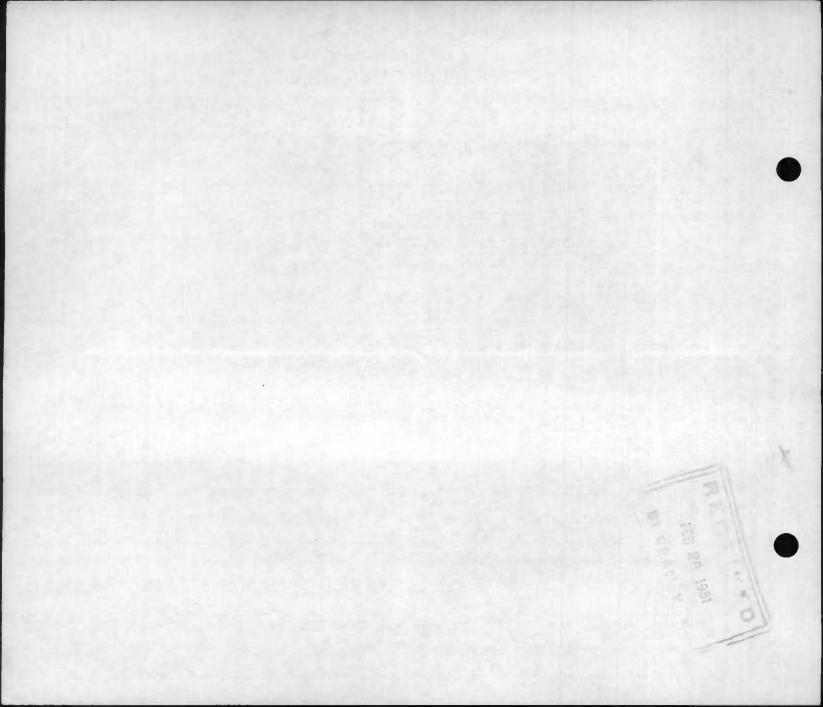
Reg. Dist. No. 354

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY (14MPLATER) MARYLAND	STATE Virginia COUNTY	Ucomas.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e ncarest town)
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN	TOWN Greenbackville, Va	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS	V
STREET ADDRESS	A DAME	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Talaude U.	Jones DEATH Feb.	2/ 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED,	BOATE OF BIRTH 9. AGE last birthday If under Months.	Days Hours Min.
Male Church (Specify) (vidowed	Jan. 8-18/6 (15gu, 1 mo. 1-34.9)	Days Hours Mill.
done during most of working life, even if retired) 10b. Kind of Business on Industry		COUNTRY?
Waterman sinekutent Bay	Greenbackville, Va.	COUNTRIL
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Jones	Carrie Lay	low
15. WAS DECEASED EVER IN U.S. ARMED FORCEST/ 16. SOCIAL SECURITY NO.	17. INFORMANT, AND ADDRESS.	1 1 3
(Yes, no, or unknown) (If year, give war or dates of service)	hus toloudis & Heleman	trolition had
	The factor of the state of the	· Otto Kina
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a) agreeral A	thurrhage	4day
Immediate cause		
Immediate cause (a) Ostebral A 442 Antecedent cause(s)	1 () 0.0	-
Diseases of conditions, if any, (b)	u Cardio-lenal desease	1047
giving rise to the above cause stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	W J-0	
22. I hereby certify that I attended the deceased from	, 1976, to Feb 2/, 19.57, that I last s	aw the deceased
alive on 126-18 191, and that death occurred at	. 30 A.m., from the causes and on the date st	4-1-1
SIGNAPURE (Degree or title)	ADDRESS	DATE SIGNED
(-	1/00 7./1) / /
gan Guen	now full, Ma	721/51
23. BURIM, CREMATION DATE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	(State)
Rulate 760. 24/3/ Millhott	ist & Geenbackville	1100
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 CONERAL DIRECTOR	ADDRESS
File 21 1951 Mary M Taylow.	1/1841 Summer Sundlell	m/V
	the state of the s	

The correct age 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

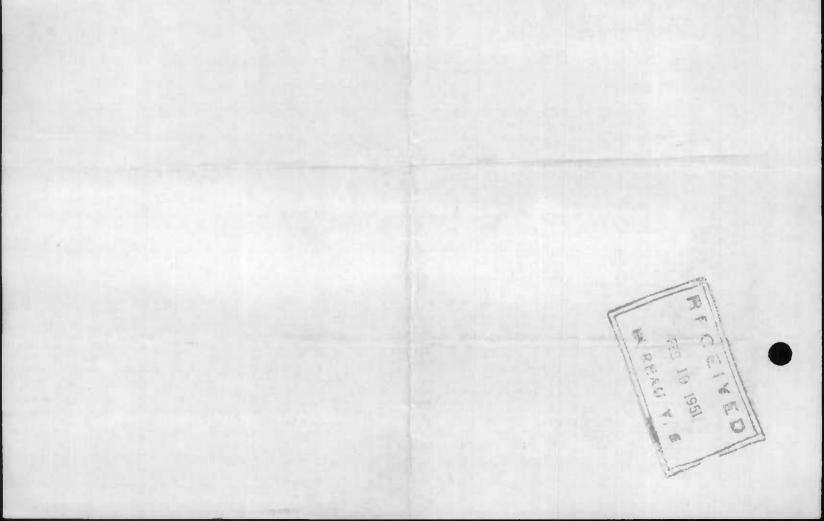
1974

		No	0	25
Reg.	Dist.	No	.2.	23.

	•
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	mayeand IVor,
OR give nearest dwh) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If out to corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Tharon Marie M-	Ormel DEATH 2 12 1947
6. COLOR OR RACE 7. SINGLE, MAKRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CIRLEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
· Harry a M- Winnel	Jane Dreaden
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, the war of dates of service)	Harry G ME Cormet
18. MEDICAL C	ERTIFICATION /
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATS
an Building on conditions bindered abanding to bearing	1- (181)
16,0 Immediate cause (a) Couple	egration (10) Sustante
	al M
Antecedent cause(s) Diseases or conditions, if any, (b)	Joran
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	1 14 1
Conditions contributing to the death but not related to the disease or condition causing death.	Und transmother
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none none	Yes No
21. EXTERNAL CAUSE WAS PRIMARY KOR CONTRIBUTING OF Office office office of the contribution of the contrib	
PRIMARY XOR CONTRIBUTING OF office block getc.)	Berlin Ry Wo. Mo.
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Nnt while /	MOW DID WIJURY OCCUR?
INJURY 2 /2 3/ 7/m. work st work	Tollet humas aploched.
22 I certify that I took charge of the remains described above held an	Aulopsy . Inspection . Inquity of thereon and from the evidence
obtained by said Autopsy. Inspection or Inquiry, find that said de	ceused died on the day stated above, and death in my opinion resulted
from: naturol causes [], accident [], suicide [], homicide [, undetermined .
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Fred Straesche m D. DME) Swowthill Md 412/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMENT 2/13/5/	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR / ADDRESS /
279 51 Jelen & Banward	June A Gubar Sulen My

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

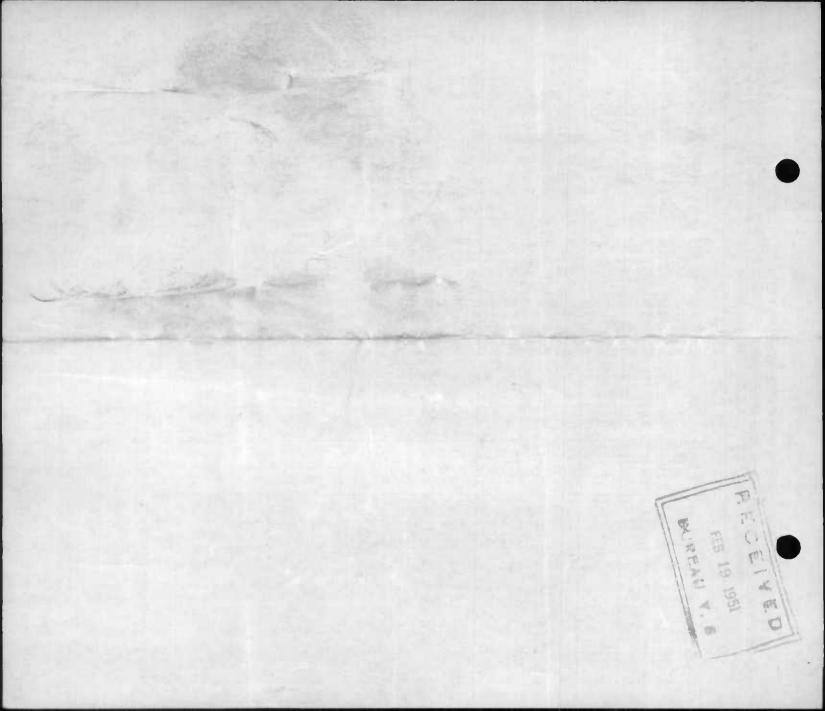
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	1 7
COUNTY MARYLAND	Harland writer	lu.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If oftside corporate limits, write RURAL and give OR TOWN	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Pullie Mae	Morris DEATH July-	9 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (STATE OF THE OF	8. DATE OF BIRTH 9. AGE last birthday If under Months 8 0 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) donorduring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY! A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It yes, give war or dates of service)	Edward Mouis Ber	lin mel
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
422 Immediate cause (a) Cardiau N	lecompensation	2 where
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Service of the underlying cause last (c)		3 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yea 🗆 No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July	9, 1951, to Jely, 1951, that I last s	aw the deceased
alive on	m., from the causes and on the date st	ated above. DATE SIGNED
T. J. O. Mounell M. Q	Derlin, md. Feb.	12, 1951
BEMOVAL (Specity) 2/12/51 June	RY OR CREMATORY LOCATION (City, town, or count	my
Date recd by Local Rigistrar's signature 2/12/51 Telen F Transmit	24. EUNERAL DIRECTOR B. Brubon &	ADDRESS MI



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY // A A A SALU MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	a center
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN W WALLEY SOLL TO THE TOWN	TOWN Whaleyville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS R. J. D	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 17 terman Lee La	rsons OF DEATH Job.	2/ 195/
5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	June 7, 1910 4/ yrs. Months.	l year II under 24 hrs. Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 4NDUSTRY	Pittsvelle Md.	CITIZEN OF WHAT
13. FATHER'S NAME Carsons	14. MOTHER'S MAIDEN NAME Little	ton
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS)	
(Yes, no, or unknown) (If year, give war or dates of service)	Lisais Passais	
	1 / meone	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	extification 00	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Missis /	rephrelis	2450
592 X Antecedent cause(s)	~ 1	
Diseases or conditions, if any, (b) Lengermy	cold	
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 to to 07 100000 0000000000000000000000000000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	1, 19/14, to Bul 21, 1951, that I last sa	w the deceased
alive on 22 21, 1927, and that death occurred at 1. SIGNATURE (Degree or title)	ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
Chas R Fow MX B	erlin And July	22-1951
23. BURIAL CREMATION DATE REMOVAL (Specify) 2/2 4/5-/ NAME OF CEMETE	Cerniles LOCATION (City town, or counts)	y) (State) Md
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/51 Stelen F Harward	Henry J. Watson, Pocoms	ke City no
		2



2411 N. Charles Street, Baltimore

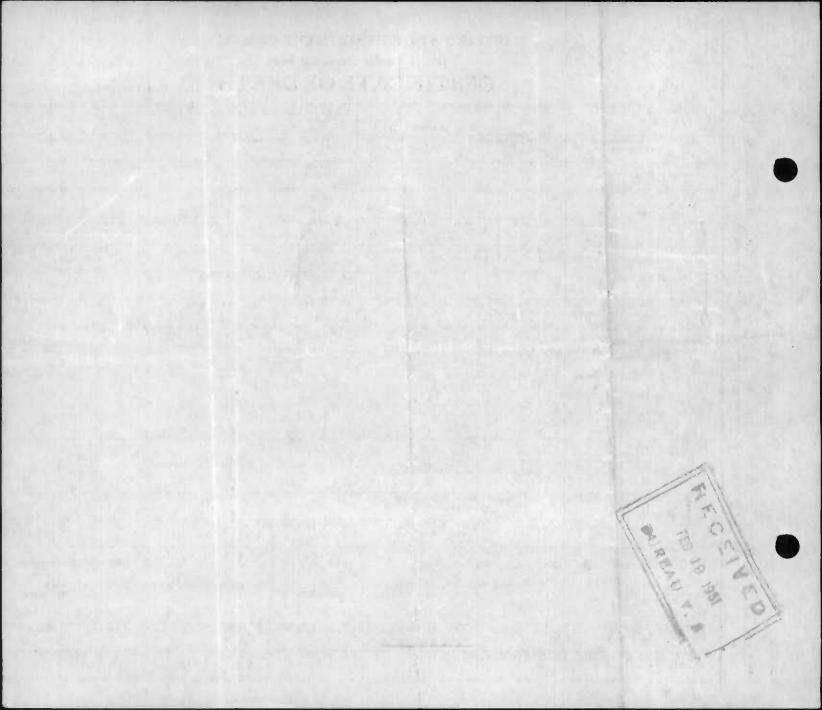
CERTIFICATE OF DEATH

2	2 OI DESIGNATION Reg. Dist. 1	10
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	my 10
COUNTY WORCES TEL MARYLAND	STATE WOOD WOOD	Estu
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and a	give nearest town)
OR givo nearest town) (in this place)	TOWN / Serlin	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS	MADRICOS PEZD.	
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)	DEATH JULY	- 14 195
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Month	er I year If under 24 hr s Days Hours Min
10a, USUAL OCCUPATION (Give kiod of work 10b. Kind og Business or		12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	Bulling	COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	W 2 H.
Orland Carlo	Anne Pitts.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	4 4 4
(Yes, no, or unknown) (II yes, give war or dates of service)	Mrs. Afred Puts. Buch	in Mid RJ2
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) - Ocute) /1	1.1.00 -1.7.	is day
U22, 2 Immediate cause (a) CCUTU)	- The western	5 2009
Antecedent cause(s)	77	12451
Diseases or conditions, if any, (b) giving rise to the above cause	, my de aceaco	
stating the underlying cause last		
(c)	V	
13. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While At work		
22. I hereby certify that I attended the deceased from 2 - 12	1924 to 2-14, 19 that I last	THE PARTY OF THE P
22. I hereby certify that I attended the deceased from.	2, 19.3, 7, to 19.3, that I last	saw the deceased
alive on 2-14, 19, and that death occurred at.	m., from the causes and on the date	stated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Clifford E. Jahrtem. 7/30	rlin Ma	
	RY OR CREMATORY LOCATION (City, town, or con	unty) (State) /
REMOVAL (Specify) 2/17/5/ SV. Ca		mil
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 17-51 John F Namelland	Same A Bruban	Julia mil
		00111
	2	10116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



The correct

VS. A15A

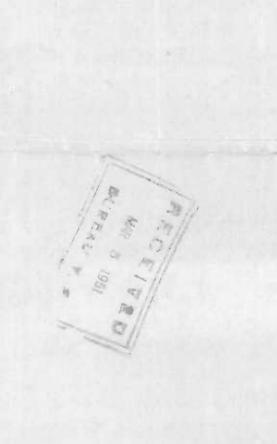
Evidence for additions MARYLAND STATE DEPARTMENT OF HEALTH of 23 & 24 shown on:

CERTIFICATE OF DEATH

1	63	pag.	
-1	13	1	14
	W	8 1	, ,
-			

290636

DIM No. o	02.61.11.0111	DOI DIM		461
MAR 30 195	FOR MEDICAL	L EXAMINERS	Reg. Dist. N	0331
1. PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DECEASED.	Worceste
CITY (If outside corporate limits, write RURA OR give nearest town)	L and LENGTH OF STAY (in Ahls place)	CITY (If outside corp. OR TOWN	orate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	a Syears	STREET ADDRESS	(If rural, give location)	indect
STREET ADDRESS 3. NAME OF DECEASED (First)	(Middle)	ele II	4. DATE (Month)	(Day) (Year)
6. COLOR OR RACE	7. SINGLE MARRIED, WIDOWED DIVORCED,	BOATE OF BIRTH		110
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	(Specify) 10b. Kind of Business or Industry	11. BIRTHPLACE (State		2. CITIZEN OF WHAT
13. FATHER'S NAME	MP. st	14. MOTHER'S MAIDE	EN NAME	This a
15. Was DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates o	16. SOCIAL SECURITY NO.	17. INFORMANT	AC Poelice	
(lastvice) hu	18. MEDICAL CE	RTIFICATION	01.10-04	1
I. DISEASES OR CONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATE
	11			15mm.T.
916.0 Immediate cause (a)	1 Junius			
Antecedent cause(s) Diseases nr conditions, if any, (b)		a naga ' ra' a deganta ond means me r reconstruction to a consequence on a consequence of the consequence of		
giving rise to the above cause stating the underlying cause last				- X
(c)				1 10000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Le stumbled &	-01.		1998
related to the disease or condition causing deam	INDINGS OF OPERATION	ecco .		20. AUTOPSY?
	.,			Yes No
PRIMARY FOR CONTRIBUTING OF	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OF	TOWN) GOUNTY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY		ing truck
INJURY 2 - 26 195, pm. 1	work at work	The fell the	who sught to	re
22. I certify that I took charge of the remark obtained by said Autopsy, Inspection or from: yatural causes , decident	Inquiry, find that said dece	ased died on the dry sto	. Inquiry thereon and ted above, and death in my	from the evidence opinion resulted
SIGNATURE	(Degree or title)	ADDRESS (13mm	DATE SIGNED
23. BURIAL, CREMATION DATE THEREO		RY OR CREMATORY	LOCATION (City, town, or cour	ity) (State)
REMOVAL (Spirity) 2/28	151 Whateout	mulatil	Anaw Stil	l. / mf.
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	for in branch	ADDRESS .



S. A15

The correct age

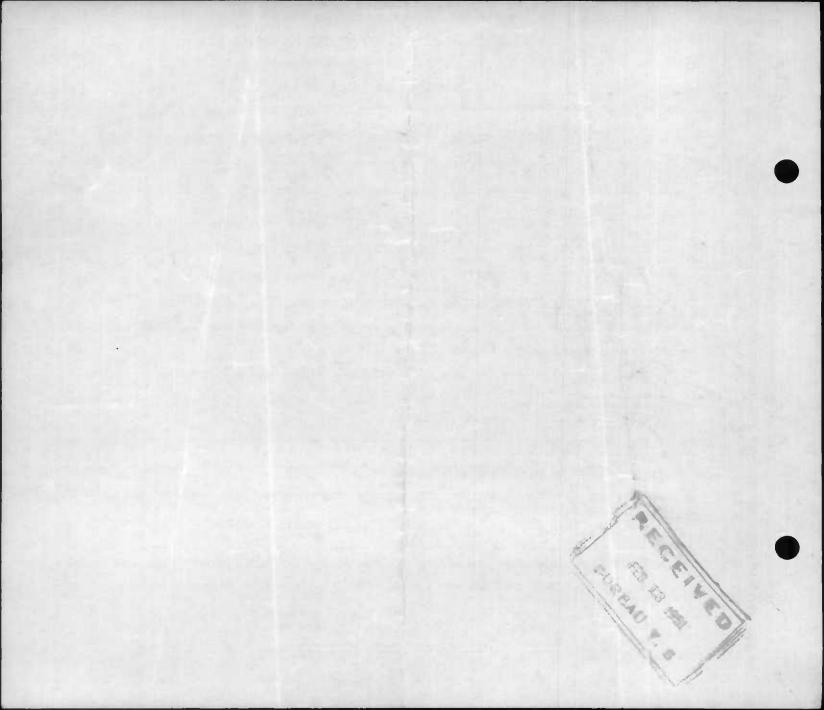
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

197.

I. PLACE OF DEATH-	2. USIIAL RESIDENCE (HOME) OF DECEASED.
COUNTY MARYLAND CITY (If outside corporate limite, write RURAL and LENGTH OF STAY)	CITY (II oftside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR TOWN Bulling
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 7 2 0 (If rural, give location)
3. NAME OF 04 (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Lunge Henry	Daviel DEATH Fib. 7 1951
Trade 6. COLOR OR RACE 7. SINGLE, MARRIED, 1 WIDOWED, DIVORCED, (SOME)	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY?
Homas Cowell	Phydo Bullinlan
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS O D Q D- N.O.
lservice) My. 1	Andrew Hora H. Twell feeling for
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	through 13 days
Immediate cause (a) Cou or	7 13073
420. / Antecedent cause(s) Diseases or conditions, if any, (b) 4.5 - Carel	io Vas cular disease ?
934 giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
(10, 25	1057 th 7 157
22. I hereby certify that I attended the deceased from	2 50 A
alive on, 19 and that death occurred at	m., Ifom the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
THE REPORT OF THE PROPERTY OF SERVICE OF THE PROPERTY OF THE	Tay 716/5/.
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 9-5) JULIAN F NOULLIAND	24. FUNERAL DIRECTOR BLANDESS NO
- a la l	Janes Jacobs Tac)
V Company	910126



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

| is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MEI Copy

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1980

T. PLACE OF PEATH COUNTY MARYLAND COUNTY CITY (If owned approach limits, write RURAL and LENGTH OF STAY OR TOWN COUNTY CITY (If owned approach limits, write RURAL and LENGTH OF STAY OR TOWN COUNTY CITY (If owned approach limits, write RURAL and give negret tows) City (If used of concepts	ı		TOR MEDICAL	Bittivili	Reg. Dist. No	*
OOWN EVE SEARCH WAS DECRARED FURE IN U.S. ARMED PORCES (16. SOCIAL SECURITY NO. 17. INFORMANT (17. INFORMANT (1	1		O MARYLAND	STATE	COUNTY	
ADDRESS 3. NAME OF DECLARS. 3. NAME OF DECLARS. 4. DATE (Mopth) (Test) (Var) (Var		TOWN give nearest town)	2 (in this place)	TOWN Cura	L- Inn	nearest town)
DECRASED Type of Print) 5. SEX 6. COLOR OR RACE T. SINGLE, MARKIED Specify Livorcep Competity Livorcep Competitive Competity Livorcep Competitive Competity Livorcep Competitive Competity Livorcep Competitive Competity Livorcep Competitive Co	I	INSTITUTION OR STREET ADDRESS	13	STREET ADDRESS 4 hi 3	Magor Hell - The	I Johnson
16. ISSIAL OCCUPATION (Give kind of work and additional and additi	1	(Type or Print)	Verlay 1	reeder.	OF DEATH 2	17 1957
13. FATHER'S NAME 14. MOTHER'S MADDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, yes war or dates of 1 1 2 5 5 7) 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Antecedent cause(a) Diseases or conditions, if any, (b) giving rise to the shove cause last setting the underlying cause of condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20b. AUTOPSYT Yes No. 6 21. EXTERNAL CAUSE WAS PRIMARY OF CONTIBUTIONS OF OPERATION 20b. AUTOPSYT Yes No. 6 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry of thereon and from the evidency obtained by said dulopsy, Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural courses I, accident I, surjete I, homerical I, undetermined the undetermined stated above, and death in my opinion resulted from: natural courses I, accident I, surjete I, homerical I, undetermined the said deceased died on the day stated above, and death in my opinion resulted from: natural courses I, accident I, surjete I, homerical I, undetermined the undetermined the undetermined the undetermined the undetermined the undetermined to the undetermined the undetermined to the undetermined to the day stated above, and death in my opinion resulted fr	I	S. SEX Y C. COLOR OR RACE W	IDOWAD DIVORCED.	7 79) / ym. /	
18. WAS DECRASED EVER IN U.S. ARMED FORCEST (Yes, no, or pinnows) [Uf yes, give war of dates of 71/-/2-53-) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MAJOR FINDING TO DEATH 19. DATE of OPERATION 19. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF OF office bidgs, etc. 22. I Certify that I look charge of the remains described above, held an Autopsy [], Inspection [], accident [], suicide [], undetermined [], undetermined [], suicide [], homicide [], undetermined [], undetermined [], suicide [], homicide [], undetermined [], undetermined [], undetermined [], accident [], suicide [], homicide [], undetermined [], undetermined [], undetermined [], accident [], suicide [], homicide [], undetermined [], accident [], suicide [], homicide [], undetermined [], undetermine		done of more of working life, even if retired) AN	DUSTRY THE TOTAL OF THE PARTY O	Moreland I	ownship at	COUNTRYTT.
CALE CAUTOPSYI STATE COUNTY C		Ida Teeder	6. SOCIAL SECURITY NO.	ala	Mand Jon	e.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, the conditions contributing to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bidg., etc. OF OF OFFI OFFI OFFI OFFI TIME Month) (Day) (Year) (Houry INJURY OCCURRED OF OFFI OFFI OFFI OFFI OFFI INJURY OFFI OFFI OFFI OFFI OFFI 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Thereon and from the evidency obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural (causes accident suicide nondeterminate SIGNATURE DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) PATE RECO BY LOCAL REGISTRATS SIGNATURE 24. ENDERAL DIRECTOR Approximately Approximately OFFI OFFI Approximately OFFI Approximat		(Yes, no, or unknown) (If yes, give war or dates of service)		Place /	ratilda Pecs	der
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING OF Office bidg., etc. OF DEATH. TIME Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Thereon and from the evidency obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident surject nomicide nundeterminate SIGNATURE 23. BURIAL CREMATION DATE THEREOR NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE SIGNED PREG. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR, APDIMESS		I. DISEASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH	11:		
Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, pitory, street, CAUSE OF DEATH. TIME Month) (Day) (Year) (Houn) INJURY OCCURRED OF INJURY) OF Office bidg., etc. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 22. EXTERNAL CAUSE WAS PLACE (Home, farm, pitory, street, CITY, OR TOWN) (COUNTY) (STATE) OF Office bidg., etc. 11. OTHER Month) (Day) (Year) (Houn) INJURY OCCURRED OF ONE while at Not white the pitory of the condition cause of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , numdeterminate , address of the country of		974,	Stran	J.		12
Conditions contributing in the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes No 22. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bidg., etc.) PRIMARY OR CONTRIBUTING OF office bidg., etc.) TIME (Month) (Day) (Year) (Hould Injury Occurred Injury) While at work Not while at work obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED PAGE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) HOW DID NUTLY (Injury of thereon and from the evidency obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undeterminated (Degree or title) (Degree or title) ADDRESS DATE SIGNED 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED DATE REC'D BY LOCAL REGISTRAC'S SIGNATURE , 24. FUNERAL DIRECTOR ADDRESS		Diseases or conditions, if any, (b)giving rise to the above cause		Jug	1986 1 886 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	**************************************
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc. OF office bidg., etc. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURE OF INJURY OF CONTRIBUTING OF ON THE Work AND THE REC'D BY LOCAL REGISTRAL'S SIGNATURE 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of the day stated above, and death in my opinion resulted from: natural causes accident homicide homicid		Conditions contributing to the death but not	aler	holesm		
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hould) INJURY OCCURRED OF OF INJURY OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undeterminated . SIGNATURE 22. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE , ADDRESS DATE SIGNATURE , ADDRESS DATE SIGNATURE , ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS						Yes D No 6
OF INJURE 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURI 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE , 24. FUNERAL DIRECTOR , ADDRESS DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE , 24. FUNERAL DIRECTOR , ADDRESS	ı	CAUSE OF DEATH. INJURY	own home,	Danse/fell!	Kural Worcer	E STATE
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suigite , homicide , undetermined . SIGNATURE DATE SIGNED 22- BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE , 24. FUNERAL DIRECTOR ADDRESS		OF INJUROUS 17 1951 PRINTERS	ile at Not while ork at work	Self or	flicted. to	mallement
SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE SIGNED 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED 25. BURIAL. CREMATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE ADDRESS AD		obtained by said Autopsy, Inspection or In	quiry, find that said dece	ased died on the day stated	Inquiry thereon and above, and death in my	from the evidence opinion resulted
DATE REC'D BY LOCAL RECISTRAL'S SIGNATURE , 24. FUNERAL DIRECTOR , ADDRESS REG.	1	SIGNATURE	(Degree or title)		- Cit ms	DATE SIGNED
DATE REC'D BY LOCAL REGISTRAC'S SIGNATURE , 24. FUNERAL DIRECTOR) APDRESS		22. BURIAL CREMATION DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY LO	OCATION (City, town, or count	
The state of the s		DATE REC'D BY LOCAL REGISTRAL'S SIG	Sewith	24. CENETAL DIRECTOR	anne Sun	
970116	-	J		- John State of the State of th	9	76116

MECELARD PEB 28 1981

VS. A16

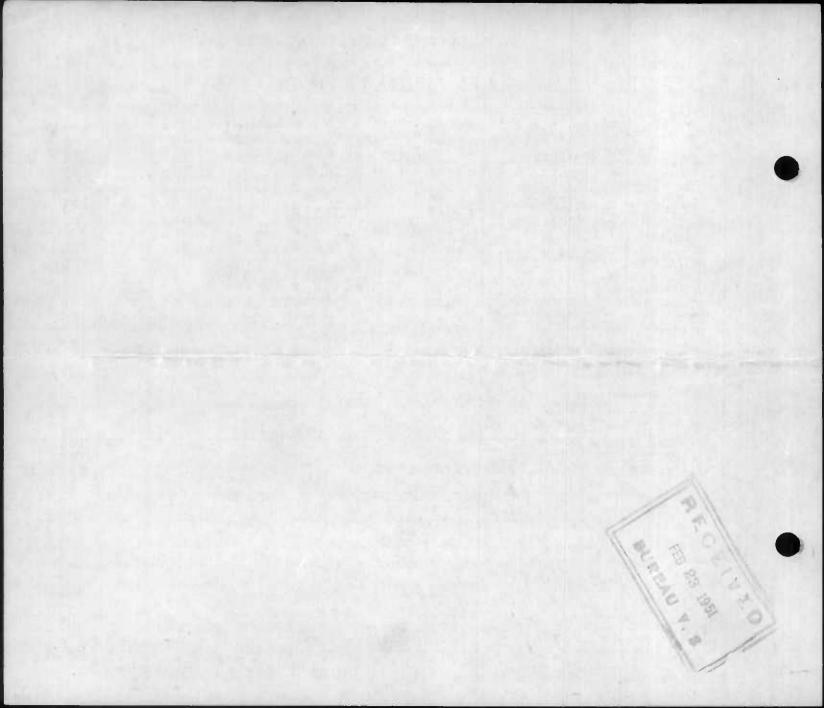
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

198₁
Reg. Dist. No. 350

			2108. 21011 11	~
1. PLACE OF DEATH.		2. USUAL RESIDENCE (H		
COUNT Worcester	STATE Marylane	d	rcester	
CITY (If outside corporate limits, write RURA)		CITY (If outside corporat	te limits, write RURAL and gi	
OR give nearest town) TOWN POOD NO KE City	in this place)	TOWN Pocomok	e City	
HOSPITAL OR		STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS		ADDRESS Rural	, Beverly	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) KATF	FERMAN	SHETTLE	OF DEATH Feb 15,	1951 19
6. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	. AGE last birthday If under	1 year If under 24 hrs
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1 CO W	Apr 1, 1861	89 yrs. Months	Days Hours Min.
10a USUAL OCCUPATION (Give kind of work)	10h KIND OF BURINGS OF	11. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF WHAT
done during most of working life, even if retired)	Industr Home	London, Engla	nd	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Unknown		Unknown		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	None	Arthur H. She	ttle. Pocomoke	e. Md.
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			INTERVAL BETWEEN ONEDT AND DEATH
I DISEASES ON CONDITIONS DIMECTED I	/			ONBIT AND DEATH
Immediate cause (a)/	Crema			3day o.
+50.0	11 . 1 0.	/		
Antecedent cause(s) Diseases or conditions, if any, (b)	wome / lephri	tis.		
13/Q giving rise to the above cause	a . /a			9940 (0.00 ***)
atating the underlying cause last	blor in alexan	is Generalized	nd Denescence.	
II. OTHER SIGNIFICANT CONDITIONS	receive cure	, formalized a	ny penescence.	1
Conditions contributing to the death but not related to the disease or condition causing death		0		
19a. DATE OF OPERATION 19b. MAJOR FI				20. AUTOPSY?
				Yes No
	E (Home, farm, factory, street,	(CITY OR TO	OWN) (COUNTY	
SUICIDE OF INJUI	office bldg., etc.)	0 0 1 2 0		
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?	
OF INJURY m.	While at Not While Work At work			
		2 00 11	15- 51	
22. I hereby certify that I attended the	deceased from Man.	V, 1930, to Tet-	, 195, that I last s	saw the deceased
7-1 11 -1		A.		
	that death occurred at	ADDRESS	causes and on the date st	DATE SIGNED
SIGNATURE	The A	1. 1/1	1 4 m, -	DATE SIGNED
Warles W. Manes	, ///00. /-	promipe a	13/19. J.	cb. 17, 1851.
23. BURIAL, CREMATION DATE THEREO	F NAME OF CEMETE	RY OR CREMATORY LO	OZATION (City, town, or coun	ity) (State)
Burial (Specify) 2/20/51	Woodlawn C	Cemetery N	ew York City.	N. Y.
DATE REC'D BY LOCAL REGISTRAR'S S		24. FUNERAL DIRECTOR		ADDRESS
759 19 1951 anne	Eo White	Henry H. Wats	on, Pocomoke.	Md.
111111111111111111111111111111111111111			7117	



2411 N. Charles Street, Baltimore

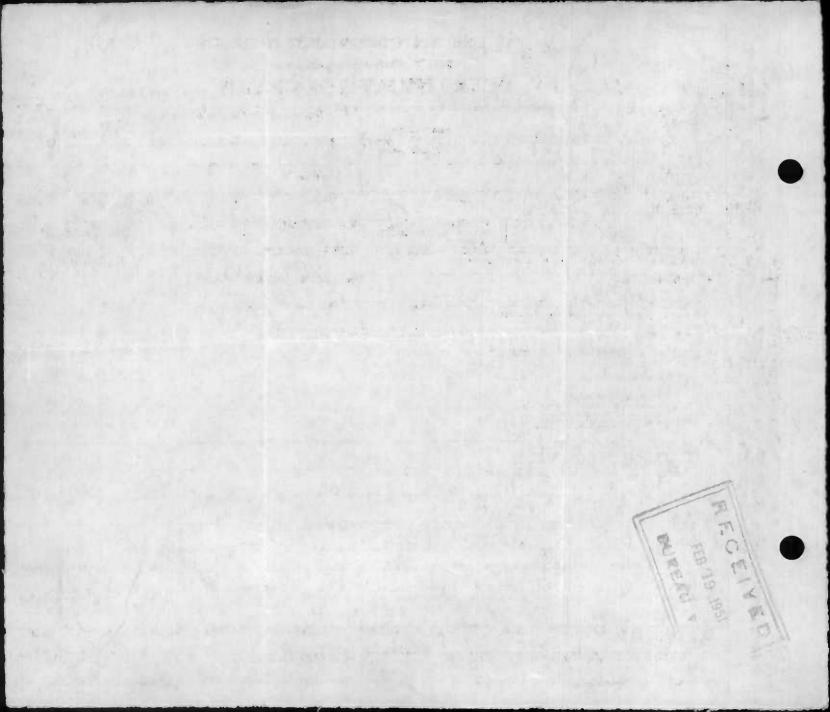
CERTIFICATE OF DEATH

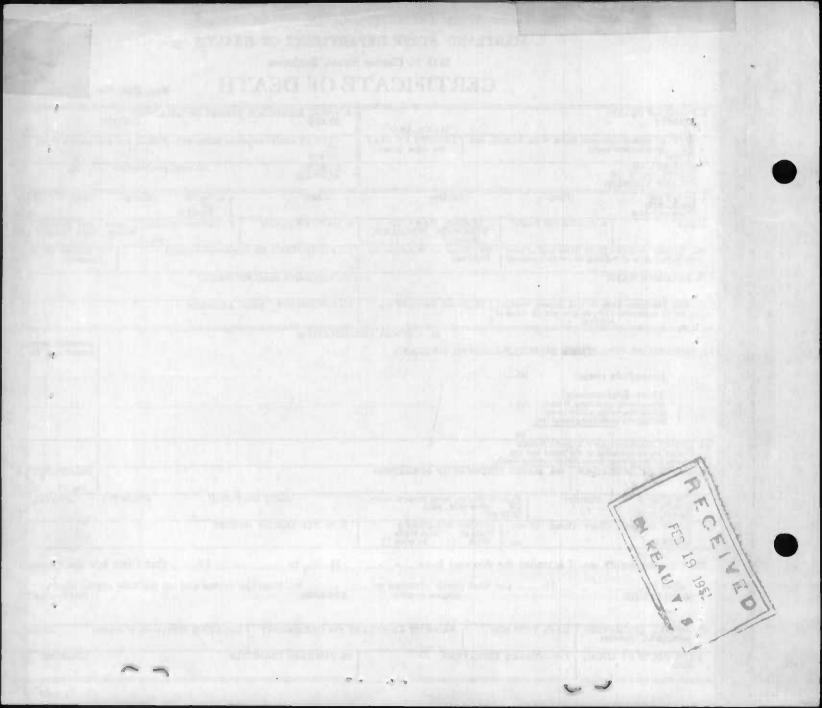
Reg. Dist. No. 355

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY WORCE STER MARYLAND	STATE			
CUTY OF THE PROPERTY OF THE PR	CITY (Il outside corporate limits, write RURAL and give nearest town)			
TOWN NORAL DERLIN (in the place)	OR .			
HOSPITAL OR	TOWN STREET (If rural, give location)			
INSTITUTION OR	STREET (If rural, give location) ADDRESS			
STREET ADDRESS				
B. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) LNFANT	DON'S DEATH FEB. 12 15/			
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hr			
(Specify)	FEB. 18, 1931 In Course Months Days Hours Min			
Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
done during most of working life, even if retired) INDUSTRY	MARYIAAM COUNTRY? / S A			
FATHER'S NAME	14 MOTHER'S MAIDEN NAME			
SEARLE HIREPT //DR.PIS	DOROTHY ANN IMMONS			
. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.				
es, no, or unknown) (If yes, give war or dates of	71110 90011000			
No Iservice)	Dorothy ANN TYMMONS.			
18. MEDICAL CEI				
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH			
/ 7.	T- 10 11 1- 1			
Immediate cause (a)	evity (Born 2/12/51) 7 Am therson			
Antecedent cause(s) Diseases or conditions, il any, (b)				
giving rise to the above cause	13-41-23-23-00-00-00-00-1			
stating the underlying cause last				
(c)				
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.				
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	Yes No N			
. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)			
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(OUNTE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF While at Not While	120 17 222 2210 026 1 000 0168			
INJURY m. Work At work				
2 Thomas matter that Tathand 2 12 2 2 2 1 1/2/	1051 . 3/11/ 105			
2. I hereby certify that I attended the deceased from 21124	, 1957., to			
alive on 1957, and that death occurred at	m from the source and on the date state !			
SIGNATURE (Degree or title)	ADDRESS no the causes and on the date stated above.			
11. 1	DATE SIGNED			
Humany. Karin				
BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)			
REMOVAL (Specify) 2/12/57 22/100/16	4 Cemeter Zaldenville, Bule med			
	The state of the s			
VALE RECEID DI LOUGAL I RECEISTRAR S SIUNALUICE				
OREG.	24. FUNERAL BIRECTOR ADDRESS			
2792/5) Helen F Nayword				
OREG.				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15





2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

						
I. PLACE OF DEATH- COUNTY Worcester MA	ARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COMMO				
	GTH OF STAY this place) MON ths	OR TOWN Park	slev		e nearest town	1)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 Maple St.		STREET	(If run ral	al, give location)		1
3. NAME OF (First) (Midd (Type or Print)	le)	WISE		(Month) Feb 22,	1951	(Year)
Female Colored 7. SINGLE, WIDOWED (Specify)	DIVORCED,	8. DATE OF BIRTH 1849	102	yra.	Days Hours	Min.
done during most of working life, even if retired) HOUSEWORK	Home	Maryland		try) 12	COUNTRY!	WHAT
13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME			
Unknown	Comment No.	Unknown				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, nev or unknown) (If year, give war or dates of service) NO NO	SECURITY No.	Gertrude S		ld, Pocor	moke, l	Md.
Immediate cause Immediate cause Antecedent cause(s) Diseases or conditions, if any, riving rise to the above cause	o - sel	Protis Car Renal Anterio	dio-Va Dise	soular case:	INTERVAL BIONSET AND	
stating the underlying cause last (c)	lety.				***************************************	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	FOPERATION				20. AUTOP	11
21. ACCIDENT (Specify) PLACE (Home, far OF office bldg., of INJURY		(CITY	OR TOWN)	(COUNTY)	(STAT)	No Z
TIME (Month) (Day) (Year) (Hour) INJURY OC OF INJURY m. While at Work	CURRED Not While At work	HOW DID INJURY	OCCURT			
Louis & Llewelyn, M.	n occurred at ree or title) ME OF CEMETE 11'S H111	ADDRESS COMOR RY OR CREMATORY Cemetery 24. FUNERAL DIRE	LOCATION (CONTROL & COUNTRY & COUNTR	on the date st	ated above. DATE SIG 2/2 3 Ty) (Signature) ADDRESS	GNED /5/.
Feb. 26. 1951 Unne 6.	Thele	Henry H. W	atson, P	ocomoke.	Md.	
					-	THE REAL PROPERTY.

